TRI-STATE FINANCIAL GROUP, LLC PO BOX 38 BRIDGEPORT, PA 19405

Tax forms and other information available at

www.tfgtax.com

Phone 610-270-9520

Fax 610-270-9522

BUSINESS REGISTRATION/MERCANTILE LICENSE APPLICATION

• "	ANSWER ALL C	UESTIONS COMPLETELY. INCOMPLE	TE APPLICATIONS	WILL NOT BE APPROVED
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A SEPARATE APPLICATION MUST BE FILED FOR EACH COMPANY DOING BUSINESS

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rint Name (Owner or Authorized Person):			Date				
	Mail to Tri-State Financial Group, PO Box 38, Bridgeport, PA 19	405					
	Enclose check made payable to "CITY OF BETHLEHEM" –						
	**If you have a PA HIC License you do not need to pay the \$25.00 Registration Please provide following: PA HIC #:			*	* *		
	TOTAL AMOUNT DUE WITH APPLICATION	\$	25.00	0	_		
	All businesses and/or employers in the City of Bethlehem are required to re Tri-State Financial Group. A Registration Fee of \$25.00 must accompany this				'm		
	If YES, please provide name and address of sub-contractor			·····	······································		
16.	ARE THERE ANY SUB-CONTRACTORS PERFORMING SERVICES ON YOUR BEHALF IN						
	If YES, please provide name and address of provider			•			
15.	ARE THERE ANY LEASED DEPARTMENTS OR CONCESSIONAIRES AT THIS LOCATION						
- • •	() Yes () No If YES, give name of owner or rental agent						
	14. DO YOU OWN ANY PROPERTY IN BETHLEHEM CITY FOR WHICH YOU RECEIVE RENTAL INCOME?						
13	landlord or rental agent						
12.	DO YOU RENT THE OFFICE SPACE OF BUILDING YOU OCCUPY? () Yes () No If Y			and add	aress of		
	NUMBER OF EMPLOYEES AT THIS LOCATION: (Including self-employed, partners and owners)						
	DATE STARTED IN BETHLEHEM CITY:						
	BUSINESS TYPE: () Sole Proprietorship () Partnership () C Corp () S Corp () LLC	C ()	Non-Pr	ofit			
	() In Pennsylvania () Other						
8.	B. DOES THIS BUSINESS HAVE OTHER LOCATIONS: () Yes () No If YES, where are the other business location						
7.	DESCRIPTION OF BUSINESS ACTIVITY						
6.	PHONE NUMBERS: Local office (
5.	ADDRESS OF CORPORATE OFFICE:						
4.	MAILING ADDRESS (If different than above):						
3.	EIN / SSN:						
	FESTIVAL VENDOR			,			
-	COMPLETE ADDRESS OF ACTUAL BUSINESS LOCATION IN BETHLEHEM CITY (No PO Boxes, if						